



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name Committee to Elect Whiteman	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (317) 773-7948
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 11501 E 206th St.	
5. City, State, ZIP Code Noblesville, IN 46060	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) David Michael Whiteman	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Hamilton County Commissioner Dist 2	10. County of Residence Hamilton

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: 01-01-2012 Through: 04-18-2012	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	\$342-18	
14. Cash on hand and investments January 1, current year.		\$342-18

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	0	
15b. Unitemized	0	
15c. Add lines 15a and 15b in both columns	0	
SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	\$342-18	\$342-18
TOTAL		

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0	0
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns	0	0
SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	\$342-18	\$342-18
TOTAL		
19. Debts OWED BY the committee (use Schedule D)	\$4,000.00	
20. Debts OWED TO the committee (use Schedule E)	0	

CERTIFICATION

I, **David Michael Whiteman**, of MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title

Date

4/18/12

Date

4/18/12

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
person who fails to file a complete or accurate report as required by the Indiana
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	ENDORSEER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <small>(street, number, city, state, ZIP code)</small>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
David Whiteman 11501 E 206th ST Noblesville, IN 46060 LENDER'S OCCUPATION:		\$3,000 ⁰⁰	12/11/07	0	\$3,000 ⁰⁰
		Loan			
David Whiteman 11501 E 206th ST Noblesville, IN 46060 LENDER'S OCCUPATION:		\$1,000 ⁰⁰	4/23/08	0	\$1,000 ⁰⁰
		Loan			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$4,000 ⁰⁰
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <small>(Enter total on ITEM 19 of the Summary Sheet)</small>					\$4,000 ⁰⁰